

IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY:

ALL SAMPLES WILL BE BILLED TO THE REFERRING INSTITUTION UNLESS COMPLETE BILLING AND DIAGNOSIS INFORMATION IS PROVIDED ON THIS FORM. CONTACT SEATTLE CHILDREN'S LABORATORY COMMUNITY SERVICE COORDINATOR FOR ADDITIONAL ASSISTANCE. (206) 987-2102

PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

ALL INFORMATION MUST BE COMPLETE

BILL TO: Patient Insurance (attach copy of card) DSHS (attach coupon)
 Referring Institution (provide billing address if different from report address) Seattle Children's is able to bill Medicaid from Alaska, Idaho, Montana & Washington only

Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients

Guarantor/Insurance Subscriber	
Subscriber Date of Birth	Relationship to patient
Address	
Phone Number	Employer
Insurance Company/Medical Coverage	
Claims Address	
Policy Number	Group Number
Primary Care Physician	Phone Number

DNA ANALYSIS SAMPLE INFORMATION:

PLEASE REFER TO www.seattlechildrens.org/geneticslab FOR COMPLETE TEST INFORMATION, SPECIMEN REQUIREMENTS, ADDITIONAL FORMS & SPECIAL INSTRUCTIONS

DNA TESTS

Blood Specimens: 5 mL ACD or EDTA whole blood. Keep specimens at room temperature. Transport specimens to laboratory immediately
****Sodium Heparin (green top) tubes are NOT acceptable for DNA tests.***

Also accepted: Extracted DNA - minimum 10 ug, ship room temperature
Cultured cells - 2 T25 flasks, ship room temperature. Prenatal samples MUST be approved by genetic counselor or lab director and consent form is required.

CONTACT INFORMATION:

If you have questions or wish to consult the staff about the testing or specimen requirements, please call:

Lisa Sniderman-King, MSc, CGC	(206) 987-1406
Molecular Genetics Lab	(206) 987-3872
Sihoun Hahn, MD PhD	(206) 987-7610

SHIP OVERNIGHT AT ROOM TEMPERATURE TO:



Laboratory A-6901
4800 Sand Point Way NE
SEATTLE, WA 98105
(206) 987-2102

PEDIGREE DIAGRAM (Only one needed per family)